



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/031,320 Confirmation No. 5901
Applicant : Sakhrat Khizroev et al.
Filed: : January 17, 2002
Title: Longitudinal Magnetic Recording Heads with
Variable-Length Gaps
TC/A.U.: : 2653
Examiner : David Louis Ometz

Docket No. : SEAG 49680
Customer No. : 35810

9/A
MD
32404

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

March 17, 2004

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Technology Center 2600

Dear Sir:

In response to the Office Action of January 5, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.



2653

PTO/SB/21 (02-04)
Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/031,320
	Filing Date	January 17, 2002
	First Named Inventor	Sakhrat Khizroev
	Art Unit	2653
	Examiner Name	David Louis Ometz
Total Number of Pages in This Submission	Attorney Docket Number	SEAG 49680

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - copy of Figs. 1-3, 6a and 6b with proposed changes in red ink - return postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Alan G. Towner Pietragallo, Bosick & Gordon
Signature	
Date	March 17, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature		Date	March 17, 2004

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